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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator Continental Oil Company
Address Box 460 Hobbs, N. Mexico
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sanderson A Lease No. 16 Pool Name, Including Formation Monument G-SA Kind of Lease LC-03/622(a)
Location P 990 Feet From The South Line and 330 Feet From The East
Line of Section 11 Township 20S Range 36E, NMPM, Yea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Atlantic Pipeline Company Box 1190 Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Box 1589 Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 11 Twp. 20S Rge. 36E Is gas actually connected? yes When N/A

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded <u>11-19-72</u>	Date Compl. Ready to Prod. <u>1-15-73</u>	Total Depth <u>3925'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>3560' gr</u>	Name of Producing Formation <u>Monument G-SA</u>	Top Oil/Gas Pay <u>3875'</u>	Tubing Depth <u>3868'</u>					
Perforations <u>3877', 3879' w/2 1/2 spf</u>	Depth Casing Shoe <u>3925'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>1013'</u>	<u>600 sacks</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>3925'</u>	<u>300 sacks</u>
	<u>2 3/8" + b9</u>	<u>3868'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>1-15-73</u>	Date of Test <u>1-23-73</u>	Producing Method (Flow, pump, ggs lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>—</u>	Casing Pressure <u>—</u>	Choke Size <u>—</u>
Actual Prod. During Test	Oil - Bbls. <u>32</u>	Water - Bbls. <u>132</u>	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M E Spakley
(Signature)
Administrative Supervisor
(Title)
January 26, 1973
(Date)
USGS-2 NMFW-4 File
10000-5

OIL CONSERVATION COMMISSION
APPROVED [Signature], 19____
BY [Signature]
TITLE SUPERVISOR
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.